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maintenance fee notifica	tions.			•		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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WASHINGTON	1, DC 20003					(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/805,046	03/14/2001		Naohito Takae	1614.1138		1661
TITLE OF INVENTION	: METHOD FOR MAN.	AGING PRODUCT INFO	ORMATION AND METH	OD FOR REQUEST	FING REPAIRS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/27/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		
GARG, YOGESH C 3625		705-026000	-			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
FUJITSU LIMITED KAWASAKI, JAPAN						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) a Lissue Fee Publication Fee (N Advance Order - #	o small entity discount p		A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form).			
Chango in F-titu Stat	us (from status indicated	1-1	overpayment, to Depo	sit Account Number	19-3935 (enclose as	extra copy of this form).
	SMALL ENTITY status	/	☐ b. Applicant is no lon	ger claiming SMALI	L ENTITY status. See 37 CF	FR 1.27(g)(2).
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Typed or printed name STEPHEN T. BOUGHNER				01 FC:150 Registration 50		1400.00 OP 300.00 OP 3
ubmitting the completed his form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	application form to the ons for reducing this bur rginia 22313-1450. DO 3-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	depending upon the indiverse in the indiverse indiverse in the indiverse in the indiverse indiverse in the indiverse in the i	imated to take 12 midual case. Any con Tr., U.S. Patent and Tr. Tr. Tr. Tr. Tr. Tr. Tr. Tr. Tr. Tr. Tr.	e public which is to file (and inutes to complete, including ments on the amount of tin rademark Office, U.S. Depa SEND TO: Commissioner for splays a valid OMB control	by the USPTO to process) g gathering, preparing, and ne you require to complete runent of Commerce, P.O. or Patents, P.O. Box 1450,
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